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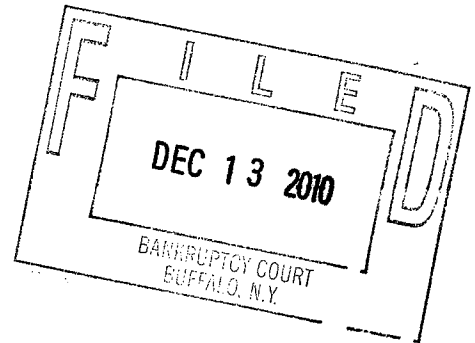
ANTHONY W. BRICK, JR.  
(1909-1991)

THOMAS R. ELMER  
(1945-2004)

Receipt #11091074  
12/13/10 CG

December 10, 2010

Paul R. Warren, Clerk of Court  
United States Bankruptcy Court, WDNY  
Olympic Towers  
300 Pearl Street, Suite 250  
2<sup>nd</sup> Floor  
Buffalo, NY 14202



RE: Kreamer, Harold R./Case No.: 09-11174 CLB  
Request to Deposit Unclaimed Funds into the United States Treasury

Dear Clerk of Court:

Enclosed please find my Trustee's check in the amount of \$3.11. I request that the Clerk of Court deposit said funds, in the name of the creditors and in the amounts listed below, with the U.S. Treasury as "unclaimed funds."

\_\_\_\_\_ I have made a diligent effort to locate the claimant(s) for said funds and have been unable to locate the claimant(s), or

  X   The funds represent dividend payment(s) of less than \$5.00 to the affected creditor and are required to be treated as unclaimed funds by Bankruptcy Rule 3010(a).

Claimant	Amount	Claims Register #
Ecast Settlement Corp./ Assignee of HSBC Bank Nevada (BON TON)	\$3.11	8

  
Daniel E. Brick, Trustee

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**ANTHONY W. BRICK, JR.**  
**(1909-1991)**  
**THOMAS R. ELMER**  
**(1945-2004)**

December 9, 2010

eCAST Settlement Corp./Assignee of HSBC  
Bass & Associates, P.C.  
3936 E. Ft. Lowell Rd., Ste. 200  
Tucson, AZ 85712-

Re: KREAMER, HAROLD R  
Case No.: 09-11174 CLB

Ladies and Gentlemen:

Enclosed please find a check in the amount of \$3.11 representing approximately 2.23% of your claim in the above listed bankruptcy case.

Thank you for your consideration.

Very truly yours,

BRICK, BRICK & ELMER, P.C.



Daniel E. Brick  
Trustee

DEB:tac  
Enclosure

## B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT <u>WESTERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor: <u>Lisa A. Kreamer</u>		Case Number: <u>09-11174-CLB</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>eCAST Settlement Corp, Assignee of HSBC Bank Nevada(BON TON)</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>Bass &amp; Associates, P.C.</u> <u>3936 E. Ft. Lowell Suite 200</u> <u>Tucson, AZ 85712</u>		Court Claim Number: <u>#8</u> (If known)
Telephone number: <u>(520) 577 - 1544</u>		Filed on: _____
Name and address where payment should be sent (if different from above): <u>eCAST Settlement Corporation</u> <u>P.O. Box 7247-6971</u> <u>Philadelphia, PA 19170-6971</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: <u>(520) 577 - 1544</u>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>139.28</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>*****6086</u>  3a. Debtor may have scheduled account as: <u>Bon Ton</u> (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property:\$ _____ Annual Interest Rate ____%  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>139.28</u>		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Date: <u>09/16/2009</u>		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <u>/s/ Jennifer Pursley</u> Jennifer Pursley, Authorized Representative		Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.